# Section 2

# Services for Pregnant Women

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## 1 SERVICES FOR PREGNANT WOMEN

The services described in this section are available to pregnant women eligible for Medicaid or for the Presumptive Eligibility (P.E.) Program. These services are in addition to those normally provided in uncomplicated maternity cases (as defined in CPT-4) and in addition to Certified Nurse Midwife (CNM) services listed in the CNM Medicaid Provider Manual.

### 1 - 1 Definitions

To be eligible for Medicaid reimbursement for services described in Chapter 2, the provider must be qualified as defined in this chapter and enrolled with the Utah Medicaid program.

**Certified Family Nurse Practitioner** -- Currently licensed in accordance with the Nurse Practice Act of the State of Utah.

**Certified Health Education Specialist** -- A minimum of a Bachelor's Degree and a certificate showing completion of a certification examination in Health education.

**Certified Nurse Midwife** -- Currently licensed in accordance with the Certified Nurse Midwifery Practice Act of the State of Utah.

**Certified Pediatric Nurse Practitioner** -- Currently licensed in accordance with the Nurse Practice Act of the State of Utah.

**Certified Social Worker** -- A minimum of a Master's Degree in Social Work and currently licensed according to the Social Work Licensing Act of the State of Utah.

**Health Educator** -- Bachelor's Degree in Health Education with a minimum of three years experience, at least one of which must be in a medical setting.

**Health Educator** -- Master's Degree with a minimum of one year of experience working in a medical setting or with pregnant women.

**Licensed Practical Nurse** (LPN) -- Currently licensed in accordance with the Nurse Practice Act of the State of Utah. Must have additional training and experience to meet the expectations for a Perinatal Care Coordinator and must work under the supervision of a registered nurse.

Registered Dietitian (R.D.) — Currently licensed in accordance with the Dietitian Practice Act of Utah.

**Registered Nurse** (R.N.) -- Currently licensed in accordance with the Nurse Practice Act of the State of Utah.

**Social Service Worker** -- A minimum of a Bachelor's Degree in Social Work and currently licensed according to the Social Work Licensing Act of the State of Utah.

### 1 - 2 Clients Enrolled in a Managed Care Plan

A Medicaid client enrolled in a managed health care plan, such as a health maintenance organization (HMO), must receive all health care services through that plan. Refer to SECTION 1, General Information, Chapter 5, Verifying Eligibility, for information on how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to SECTION 1,Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this section of the provider manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a capitated managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs with which Medicaid has a contract to provide health care services is included as an attachment to the provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to which plan the client must use is available to providers, a fee-for-service claim will not be paid even when information is given in error by Medicaid staff.

### 1 - 3 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)

Medicaid clients who are not enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service clients.

## 2 ENHANCED SERVICES

Enhanced services include perinatal care coordination, prenatal and postnatal home visits, group prenatal and postnatal education, nutritional assessment and counseling, and prenatal and postnatal psychosocial counseling. These services are available for pregnant women eligible for Medicaid or the Presumptive Eligibility (P.E.) Program. They are in addition to services for uncomplicated maternity cases and Certified Nurse Midwife services.

The referral for enhanced services must be made by the client's Perinatal Care Coordinator or prenatal care provider. The Perinatal Care Coordinator must be an authorized individual at the site where Baby Your Baby applications are accepted. The names of the Baby Your Baby and the Perinatal Care Coordinator are listed on the back of the client's "Baby Your Baby" (P.E.) card, along with the coordinator's phone number.

Medicaid covers enhanced services up to the end of the month in which the date 60-days post-delivery occurs. Please encourage the client to apply for Medicaid immediately if she has not already done so. The client may call Medicaid Information for assistance in locating an application site. (In the Salt Lake City area, call 538-6388. To call toll-free in Utah, Arizona, New Mexico, Nevada, Idaho, Wyoming and Colorado:
1-800-662-9651.)

If the client has only the Medicaid Identification Card, ask her if she ever had a Baby Your Baby card and at what clinic she obtained the card. Then call the community health center or local public health department and ask for the Perinatal Care Coordinator. If the client never obtained a Baby Your Baby card or has no care coordinator, please contact the Baby Your Baby Hotline at 1-800-826-9662 for information.

### 2 - 1 Perinatal Care Coordination

Perinatal care coordination is the process of planning and coordinating care and services to meet individual needs and maximize access to necessary medical, psychosocial, nutritional, educational and other services for the pregnant woman.

Perinatal care coordination services are available to the pregnant woman throughout pregnancy and up to the end of the month in which the sixty days following pregnancy ends.

This coordination process requires the skill and expertise of professionals who have broad knowledge of perinatal care, interviewing and assessment techniques, alternative community resources, and referral systems required to develop an individual service plan.

The Perinatal Care Coordinator serves as a liaison between clients and individuals or agencies involved in providing care, as a contact person for the client and family, and as a resource to prepare and counsel the client regarding essential services which are determined necessary and scheduled for the client.

Needs of pregnant women are individual and influenced by varying medical, personal, socioeconomic and psychosocial factors. A plan of care with intervention(s) to meet identified needs or resolve problems may be indicated on a limited, intermediate, or comprehensive basis. The initial assessment made by the Perinatal Care Coordinator will be the basis for determining the level of care and the extent of coordination and monitoring necessary for each individual.

Monitoring of the individual plan of services by the Perinatal Care Coordinator is essential to minimize fragmentation of care, reduce barriers, link clients with appropriate service and assure that services are provided consistent with optimal perinatal care standards.

Monitoring involves contact with the client through

clinic, home visits, or telephone contact. A contact is a covered service when it results in the client gaining access to an essential service identified through the contact. Monitoring includes a contact resulting in assessment, planning of care and services, and reevaluation of the plan of care. Monitoring may also include consultation with care providers to assess the need for further follow up or coordination and arrangement of necessary services.

The number, duration, scope and interval between contacts will vary among clients and even across one client's pregnancy. At a minimum, contacts, including telephone contacts with the client, must include: assessment and documentation of current physical, psychosocial, socioeconomic, and nutritional status. Follow up on the outcome of previous referrals must be included along with documentation of any referrals arranged for additional services. Anticipatory guidance regarding pregnancy and parenting must also be documented.

A record of contacts made with the client or with providers on behalf of the client, and services arranged or provided by the Perinatal Care Coordinator must be documented and maintained in the medical record, and must include:

- ✓ Name of recipient
- ✓ Date of service
- ✓ Name of provider agency and person providing the service
- ✓ The place of service
- ✓ The intake assessment
- ✓ Individualized care plan, including risk factors and proposed referrals
- ✓ Documentation of current physical, psychosocial, socioeconomic, and nutritional status
- ✓ Documentation of new referrals and outcome of previous referrals
- ✓ Documentation of anticipatory guidance regarding pregnancy and parenting
- ✓ Nature and extent of the service, including outcome
- ✓ Changes to care plan indicated by contact with client or providers

Providers of Perinatal Care Coordination services must be qualified, as defined in Chapter 1 - 1, Definitions, PLUS have any additional qualifications noted below:

- ☞ Registered Nurse
- ☞ Certified Nurse Midwife
- ☞ Certified Family Nurse Practitioner
- ☞ Social Service Worker
- ☞ Certified Social Worker
- ☞ Health Educator
- ☞ Certified Health Education Specialist
- ☞ Licensed Practical Nurse -- Must have additional training and experience to meet the expectations for a Perinatal Care Coordinator and must work under the supervision of a registered nurse.

The provider bills either electronically or on paper, according to HCFA 1500 instructions. The service is reimbursed monthly, regardless of the number or duration of contacts during the 30-day billing cycle.

**Billing Code:**

Y7000 Perinatal Care Coordination

## 2 - 2 Prenatal and Postnatal Home Visits

Home visits can be included in the management plan

of pregnant clients when there is a need to assess the home environment and implications for management of prenatal and postnatal care; to provide direct care; to encourage regular visits for prenatal care; to provide emotional support; and determine educational needs.

Each visit shall be documented on the appropriate form in the client's chart and must include the following:

- ✓ Date and purpose of the visit
- ✓ Provider or agency making the visit
- ✓ Evaluation of the physical environment
- ✓ Interactions among household members noted during the visit
- ✓ Findings of the physical evaluation of mother and/or baby
- ✓ Lactation support
- ✓ Referrals or recommendations for continuing care, and
- ✓ Signature of individual making the visit.

Medicaid limits prenatal and postnatal home visits to six (6) during any 12-month period.

Visits may be provided by one of the following qualified providers, as defined in Chapter 1 - 1, *Definitions*.

- ☞ The Perinatal Care Coordinator
- ☞ A Registered nurse employed by a Certified Home Health Agency or
  Community Health Agency
- ☞ A Certified Nurse Midwife
- ☞ A Certified Family Nurse Practitioner
- ☞ A Certified Pediatric Nurse Practitioner
- ☞ A Licensed Practical Nurse (as of 7/01/95)

Visits may be billed by the provider or by the agency employing the provider either electronically or on paper, according to HCFA 1500 instructions.

**Billing Code:**

Y7030 Prenatal or postnatal home visit

### 2 - 3 Group Prenatal and Postnatal Education

Group prenatal and postnatal education is classroom learning experience for the purpose of improving the knowledge of pregnancy, labor, childbirth, parenting and infant care. The objective of this planned educational service is to promote informed self care, to prevent development of conditions which may complicate pregnancy, and to enhance early parenting and child care skills. This service includes printed material and/or instructional media. Classes are limited to 10 couples or 20 individuals per qualified instructor. Group education is limited to eight (8) units during any 12-month period. One unit is one class at least one hour in length.

Group Education may be provided by one of the following qualified providers, as defined in *Chapter 1 - 1, Definitions:*

- ☞ Registered Nurse
- ☞ Certified Pediatric Nurse Practitioner
- ☞ Certified Nurse Midwife
- ☞ Health Educator
- ☞ An individual with current certification by one of the following organizations: International Childbirth Education Association (ICEA); Association for psychoprophylaxis in Childbirth Instructor Preparation/Lamaze Instructor Preparation Program (ASPO/Lamaze); Bradley Instructor Preparation Program; Birth Educators Special Training Course (BEST); University of Utah, College of Nursing Childbearing Year Instructor Preparation Class; or other certification programs recognized by the Utah Department of Health, Division of *Community and* Family Health Services.

The service may be billed by an approved instructor either electronically or on paper, according to HCFA 1500 instructions.

**Billing Code:**

Y7010 Group Prenatal and/or Postnatal Education

### 2 - 4 Nutritional Assessment and Counseling

Nutritional assessment is a review of the pregnant woman's dietary pattern and intake, her resources and means of obtaining and preparing food, and evaluation of nutritional needs relative to pregnancy and postpartum. Adequate nutrition is essential during pregnancy.

1. The Perinatal Care Coordinator must refer all pregnant women to the Women, Infants and Children (WIC) Nutritional Program for an initial evaluation and counseling. No additional payment is made for this service.

2. **Nutritional counseling by a dietitian is limited to clients identified as high risk nutritionally.** A woman with complex nutritional or related medical risk factors may require intensive nutrition education, counseling, monitoring and frequent consultations beyond the scope of service of the WIC program. This woman may be referred to a Registered Dietitian. Medicaid limits nutritional counseling to a maximum of 14 units during any 12-month period. (One unit equals one-half hour.)

   Nutritional counseling by a Registered Dietitian consists of an individual plan to meet the additional protein and caloric requirements of pregnancy and to address any dietary deficiencies. The plan should be documented in the client's record.

The service may **only** be provided and billed by a Registered Dietitian*, in Chapter 1 - 1, Definitions.*

**Billing Code:**

Y7020 Nutritional Counseling, (Prenatal and Postnatal)

### 2 - 5 Prenatal and Postnatal Psychosocial Counseling

Psychosocial evaluation is provided as a prenatal and postnatal service to identify clients and families with high psychological and social risks. The professional providing the service must make written notes, develop a psychosocial care plan and provide or coordinate appropriate intervention, counseling or referral necessary to meet the identified needs of families.

Medicaid limits counseling to 10 units during any 12 month period. A unit is a therapeutic exchange between client and therapist lasting 20 to 50 minutes.

Counseling may be provided by a Licensed Clinical Social Worker, a Clinical Psychologist, or a Marriage and Family Therapist, all with current Utah licenses. Service is billed by the provider either electronically or on paper, according to HCFA 1500 instructions.

**Billing Code:**

Y7025 Prenatal and Postnatal Psychosocial Counseling

## 3 SERVICES BY PHYSICIAN, CERTIFIED FAMILY NURSE PRACTITIONER and CERTIFIED NURSE MIDWIFE

### 3 - 1 Risk Assessment

Risk assessment is the systematic review of relevant client data to identify potential problems and determine a plan for care. Early identification of high risk pregnancies with appropriate consultation and intervention contributes significantly to an improved perinatal outcome and lowering of maternal and infant morbidity and mortality.

The care plan for low risk clients includes primary care services and additional services specific to the needs of the individual client. High risk care includes referral to or consultation with an appropriate specialist, individualized counseling and services designed to address the particular risk factor(s) involved.

Use the Utah Perinatal Record System or other formalized risk assessment tool for the risk assessment. Consultation standards must be consistent with the Utah Medical Insurance Association guidelines.

Medicaid limits risk assessment to two assessments during any 10-month period. One assessment should occur at intake and another at 36-38 weeks' gestation or earlier as problems arise. Document the assessment on the Risk Assessment Form or on the patient's chart and indicate whether the client is determined to be low or high risk.

Risk assessment may be provided by a physician, Certified Nurse Midwife, or Certified Family Nurse Practitioner, as defined in *Chapter 1 - 1, Definitions*. The provider bills either electronically or on paper, according to HCFA 1500 instructions.

**Billing Codes:**

Y7005 Risk Assessment for Pregnant Woman: LOW RISK

Y7006 Risk Assessment for Pregnant Women: HIGH RISK (Refer to definition of "High Risk" in Chapter 3 - 6, *High Risk Pregnancy Services*.)

### 3 - 2 Prenatal Assessment Visit (Initial Visit Only)

A Prenatal Assessment Visit is a single prenatal visit for a new client. The initial visit provides an in-depth evaluation of a client with a confirmed pregnancy. This procedure requires development of medical data and evaluation of current status of mental and physical condition. This service includes family history, past medical history, personal history, system review, a complete physical examination, the ordering of appropriate diagnostic tests and procedures, development of the medical record and initiation of a plan of care.

Medicaid limits the prenatal assessment visit to one visit in any 10-month period.

Service can be billed only when the client is referred immediately to a community practitioner or lost to follow-up because the client does not return. This service cannot be billed when complete antepartum, delivery and postpartum services are provided by the same provider. (The assessment visit is included in the global fee.)

Service may be provided by a physician, Certified Nurse Midwife, or Certified Family Nurse Practitioner, as defined in Chapter 1 - 1, *Definitions*. The provider bills either electronically or on paper, according to HCFA 1500 instructions.

**Billing Code:**

Y7040 Prenatal Assessment Visit, new client, referred or lost to follow up.

### 3 - 3 Single Prenatal Visit(s) Other Than Initial Visit

This service is for a single prenatal visit for an established client who does not return to complete care for unknown reasons. The initial assessment visit was completed, a plan of care established, one or two follow-up visits completed, but there was no follow through with additional return visits.

Medicaid limits this service to a maximum of 3 visits in any 10-month period. The service may be billed only when the client is lost to follow up for any reason. This service cannot be billed when complete antepartum, delivery and post partum services are provided by the same provider. (The visits are included in the global fee.)

Service may be provided by a physician, Certified Nurse Midwife, or Certified Family Nurse Practitioner, as defined in Chapter 1 - 1, *Definitions*. The provider bills either electronically or on paper, according to HCFA 1500 instructions.

**Billing Codes:**

Y7045 Single Prenatal Visit, established client lost to follow up.

## 3 - 4 Total Maternity Care: Definitions

Total maternity care includes **ALL** services normally provided in uncomplicated maternity cases during the period of pregnancy. Services include the initial visit, antepartum care, labor, delivery and postpartum care as defined below. **These may not be billed as separate services.**

### Antepartum care

Antepartum care includes usual prenatal services. The initial visit must be included as part of antepartum care and not billed as a separate service. Antepartum care includes the initial and subsequent history, physical examinations, recording of weight, blood pressure, fetal heart tones, routine chemical analysis, hematocrit, maternity counseling, and monthly visits up to 28 weeks' gestation, biweekly visits to 36 weeks' gestation, and weekly visits until delivery. Also included is treatment of routine complaints that accompany almost every pregnancy including, but not limited to, nausea, vomiting, backache, headache, lumbago, cystitis, malaise, mild anemia, etc.

### Labor and delivery services

Labor and delivery services include admission to the hospital, admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy and with or without forceps or breech delivery), cesarean section delivery, and resuscitation of newborn infant when necessary.

### Postpartum care

Postpartum care includes hospital and office visits following vaginal or cesarean section delivery, a six-week postpartum visit, and obtaining a Pap smear. Medicaid covers postpartum services up to the end of the month in which the 60 days post delivery occurs.

### Laboratory work

Laboratory work, such as hematocrit and urinalysis, provided during routine visits is included in the total global care fee. Non-routine laboratory work and other antepartum and postpartum diagnostic services for which there is medical indication can be charged and billed separately or as a laboratory "profile" by the direct provider of service (laboratory). Non-routine tests include but are not limited to blood group and RH, antibody screen for irregular antibodies, rubella titre, cervical cytology, serology for syphilis, GC culture, and CBC with Differential.

### Complications of pregnancy

Complications during the prenatal, labor, or delivery period may be significant enough to compromise the pregnancy, the mother or the fetus. To warrant consideration for additional payment, such complications should be of major significance, separately identifiable by an ICD-.9-CM diagnosis code, require separate and distinct therapy from the routine services of pregnancy, and be clearly identified in the record. Some examples are hyperemesis gravidarum with metabolic disturbance, uncontrolled diabetes mellitus, eclampsia; severe anemia with systemic implications, or drug dependence.

### High risk pregnancy services

Refer to definition in Chapter 3 - 6, *High Risk Pregnancy Services*.

### 3 - 5 Global Maternity Care -- Physicians

Global maternity care includes the initial visit, antepartum care, labor, delivery and postpartum care services as defined in Chapter 3 - 4, *Total Maternity Care: Definitions*. When moderate to low risk pregnancy services are provided by a physician, the provider bills either electronically or on paper, according to HCFA 1500 instructions, using the following codes:

**Billing Code:**

59400 Total, routine obstetric care

**Other codes to be used by physicians when appropriate:**

59409 Vaginal delivery only

59410 Vaginal delivery only, including postpartum care

59425* Antepartum care only; 4 - 6 visits

59426* Antepartum care only; 7 or more visits

59430 Postpartum care only (Separate procedure)

59510 Total obstetric care, caesarean delivery

59514 Caesarean delivery only

59515 Caesarean delivery only; with postpartum care

* Only one level of service (code) can be billed per pregnancy.

NOTE: Rural physicians are paid an additional 12 percent fee on any of these codes billed.

### 3 - 6 High Risk Pregnancy Services

High risk pregnancy global care services are provided by physicians according to the Utah Medical Insurance Association guidelines.

High risk pregnancy is identified when fifteen or more risk points are documented any time during pregnancy on the Utah Perinatal Record System (UPRS) or high risk is indicated by means of another formalized risk assessment tool. After high risk determination, bill the Risk Assessment to Medicaid before any subsequent billing. (Refer to Chapter 3 - 1, *Risk Assessment*, and Code Y7006.) There must be a documented high risk assessment billed using code Y7006 prior to billing for the high risk global care. Medicaid limits payment for Risk Assessment to two times during any 10-month period.

The physician bills either electronically or on paper, according to HCFA 1500 instructions.

**Billing Codes:**

Y7050 High risk global care, vaginal delivery

Y7051 High risk global care, caesarean section

**Other codes to be used when appropriate:**

Y7052 High risk vaginal delivery with postpartum care

Y7053 High risk caesarean delivery with postpartum care

### 3 - 7 Global Maternity Care -- Certified Nurse Midwives

Global maternity care includes the initial visit, antepartum care, labor, delivery and postpartum care services as defined in Chapter 3 - 4, *Total Maternity Care: Definitions*. When moderate to low risk pregnancy services are provided by a Certified Nurse Midwife, as defined in Chapter 1 - 1, *Definitions*, the provider bills either electronically or on paper, according to HCFA 1500 instructions, using the following codes:

**Note:** Certified Nurse Midwives may care for some psychosocially or demographically high risk women according to written agreements with consulting physicians and admitting hospitals. However, Nurse Midwives receive the regular global fee payment regardless of the number of risk points recorded for the client.

**Billing Codes:**

Y0606 Total (Global) Maternity Care

**Other codes to be used by a Certified Nurse Midwife when appropriate**

Y0600 Antepartum care, first trimester only

Y0601 Antepartum care, second trimester only

Y0603 Antepartum Care, third trimester only

Y0607 Vaginal delivery only, postpartum care, monitoring, local blocks and/or episiotomy

Y0608 Postpartum care only (Separate procedure)

## 4 PROCEDURE CODES

Providers must be qualified as defined in Chapter 1 - 1, *Definitions*, plus any additional qualifications noted.

| Code | Service | Provider Type | Section 2 reference | Comments |
|---|---|---|---|---|
| Y7000 | Perinatal Care Coordination | ☞ Registered Nurse<br>☞ Certified Nurse Midwife<br>☞ Certified Family Nurse Practitioner<br>☞ Social Service Worker<br>☞ Certified Social Worker<br>☞ Health Educator<br>☞ Certified Health Education Specialist<br>☞ Licensed Practical Nurse -- Must have additional training and experience to meet the expectations for a Perinatal Care Coordinator and must work under the supervision of a registered nurse. | Chapter 2 - 1, Perinatal Care Coordination | |
| Y7030 | Prenatal or postnatal home visit | ☞ The Perinatal Care Coordinator<br>☞ A Registered nurse employed by a Certified Home Health Agency or Community Health Agency<br>☞ A Certified Nurse Midwife<br>☞ A Certified Family Nurse Practitioner<br>☞ A Certified Pediatric Nurse Practitioner<br>☞ A Licensed Practical Nurse (as of 7/01/95) | Chapter 2 - 2, Prenatal and Postnatal Home Visits | |

| Code | Service | Provider Type | Section 2 reference | Comments |
|---|---|---|---|---|
| Y7010 | Group Prenatal and/or Postnatal Education | ☞ Registered Nurse<br>☞ Certified Pediatric Nurse Practitioner<br>☞ Certified Nurse Midwife<br>☞ Health Educator<br>☞ An individual with current certification by one of the following organizations: International Childbirth Education Association (ICEA); Association for psychoprophylaxis in Childbirth Instructor Preparation/Lamaze Instructor Preparation Program (ASPO/Lamaze); Bradley Instructor Preparation Program; Birth Educators Special Training Course (BEST); University of Utah, College of Nursing Childbearing Year Instructor Preparation Class; or other certification programs recognized by the Utah Department of Health, Division of Community and Family Health Services. | Chapter 2 - 3, Group Prenatal and Postnatal Education | |

| Code | Service | Provider Type | Section 2 reference | Comments |
|---|---|---|---|---|
| Y7020 | Nutritional Counseling, (Prenatal and Postnatal) | ☞ A Registered Dietitian with a current Utah license | Chapter 2 - 4, Nutritional Assessment and Counseling | |
| Y7025 | Prenatal and Postnatal Psychosocial Counseling | ☞ a Licensed Clinical Social Worker<br>☞ a Clinical Psychologist<br>☞ a Marriage and Family Therapist, all with current Utah licenses. | Chapter 2 - 5, Prenatal and Postnatal Psychosocial Counseling | |

| Code | Service | Provider Type | Section 2 reference | Comments |
|---|---|---|---|---|
| Y7005 | Risk Assessment for Pregnant Woman: LOW RISK | ☞ a physician<br>☞ Certified Nurse Midwife<br>☞ Certified Family Nurse Practitioner | Chapter 3 - 1, Risk Assessment | |

| Code | Service | Provider Type | Section 2 reference | Comments |
|---|---|---|---|---|
| Y0606 | Total (Global) Maternity Care | ☞ Certified Nurse Midwife **only for all codes in this group** | Chapter 3 - 7, Global Maternity Care -- Certified Nurse Midwives | Certified Nurse Midwives may care for some psychosocially or demographically high risk women according to written agreements with consulting physicians and admitting hospitals. However, Nurse Midwives receive the regular global fee payment regardless of the number of risk points recorded for the client. |